Case Report / Olgu Sunumu

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An adolescent case with unexplained ecchymosis: Munchausen syndrome

Açıklanamayan ekimozları olan bir ergen olgusu: Munchausen sendromu

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ABSTRACT

Munchausen syndrome (MS) is a condition in which a patient deliberately mimics signs and symptoms of health problems to gain attention from their close circle and healthcare professionals. Symptoms can be self-induced or fabricated. The paper aimed to discuss MS detected in an adolescent girl who presented with hematological findings and shift the interest to factitious disorders that may be confronted in pediatric practice. A thirteen-year-old girl was admitted to the pediatric hematology outpatient clinic with bruises spread throughout the body, predominantly localized on the arms, persisting for three months and disappearing every two weeks. She had complaints of fatigue and loss of appetite, emerging simultaneously with the occurrence of bruises. Following elaborative examinations, we discovered that the patient was painting bruises on her skin using an eye shadow. MS needs to be considered in differential diagnoses among patients with long-term, inconsistent, and irrational complaints, no underlying causes, and normal laboratory findings. Overall, we presented the case to underline that MS is likely to be confronted in pediatric practice.

Keywords: Munchausen syndrome, adolescent, ecchymosis

ÖZ

Munchausen sendromu (MS), çevresinden ve sağlık görevlilerinden ilgi görmek adına kasıtlı olarak hastalık belirti ve semptomlarını taklit etmesidir. Semptomlar kendi kendine indüklenebilir veya uydurulabilir. Yazımızda hematolojik bulgularla başvuran ergen bir kız çocuğunda saptanan Munchausen sendromunu tartışarak pediatri pratiğinde karşılaşılabilecek yapay bozukluklara dikkat çekmeyi amaçladık. On üç yaşındaki kız hasta, çocuk hematoloji polikliniğine 3 aydır devam eden ortaya çıktığında 2 haftada kaybolan ekimoz şikayeti ile başvurdu. Bu bulgunun eşliğinde halsizlik ve iştahsızlık şikayetleri de mevcuttu. Yapılan tıbbi inceleme ve alınan ayrıntılı öyküden hastanın göz farı ile cildinde ekimozlar çizdiği belirlendi. Tutarsız ve mantıksız şikayet ve bulgular ile başvuran hastalarda , altta yatan herhangi bir patolojik neden yoksa Munchausen sendromu ayırıcı tanıda mutlaka düşünülmelidir. Bu vaka, pediatrik pratikte de Munchausen sendromuyla karşılaşılabileceğine dikkat çekmek için için paylaşılmıştır.

Anahtar Kelimeler: Munchausen sendromu, adölesan, ekimoz

INTRODUCTION

Munchausen syndrome (MS), also known as factitious disorder imposed on self, is a condition in which a patient deliberately mimics medical or psychiatric symptoms. Symptoms can be self-induced or fabricated. It is a psychiatric disorder where patients manufacture a picture of illness or disability knowingly and willingly, although they have no apparent interest in it (1).

In pediatric practice, MS, which may be fabricated by parents or caregivers and is also considered a type of child abuse, comes to mind in children followed up for a long time, with inconsistent and non-diagnostic complaints, symptoms, or laboratory findings (2).

Children and adolescents may also make up a disease themselves beyond the knowledge of parents or caregivers; yet, this situation is frequently ignored. It is often claimed in the literature that almost half of adult cases with factitious disorders begin to develop disease symptoms in adolescence (3).

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The paper aimed to discuss MS detected in an adolescent girl who presented with hematological findings and shift the interest to factitious disorders that may be confronted in pediatric practice.

CASE

A thirteen-year-old girl was admitted to the pediatric hematology outpatient clinic with bruises spread throughout the body, predominantly localized on the arms, persisting for three months and disappearing every two weeks. She had complaints of fatigue and loss of appetite, emerging simultaneously with the occurrence of bruises. The patient reported that her bruises used to get worse in the evening hours. There was no complaint of fever and weight loss. The patient had not attended school for a month because she felt pretty exhausted due to her bruises getting worse on the way to school. Besides, she claimed to show good performance in her lessons other than mathematics. Her parents was also worried because of these complaints. She applied to the adult hematology outpatient clinic in another center two months ago; however, no pathology was detected in her examinations. She was also seen in the pediatric hematology outpatient clinic in another center a month ago, and her blood tests yielded no abnormality. The patient persistently claimed that the staff suspected 'leukemia' in the external center evaluations. We were also informed that the patient was diagnosed with iron deficiency anemia and prescribed relevant treatment. Yet, the patient discontinued the treatment upon the belief that it might be associated with the onset of bruises. She had been using a proton pump inhibitor and antacid for a year due to gastritis and reflux symptoms. Thinking that it might cause bruises, her treatment was interrupted for the last month, again by the patient.

In her physical examination, we detected purple and gray ecchymosis-like areas on her arms and legs, which were about to fade. Ecchymosis-like areas localized on the extremities were especially more in numbers and larger on the left arm and leg. All areas defined as bruises were black-purple (**Figure 1**-**4**). Besides, other system examinations resulted in regular findings. Complete blood count, peripheral smear findings, and reticulocyte count were also normal. There was no pathological finding in previous bleeding susceptibility tests.

When the patient's forearm was wiped using alcohol wipes to check bleeding time, we surprisingly discovered that the area with the so-called bruise immediately disappeared. Other gray-black and purple areas were also cleaned with moisturizing cream. Then, we considered that the patient made bruise-like coloring using make-up material.

It should be noted that we avoided accusatory and humiliating behaviors during examinations. Her parents were appropriately informed about the situation. Overall, the patient was considered to develop MS and referred to the child psychiatry clinic.

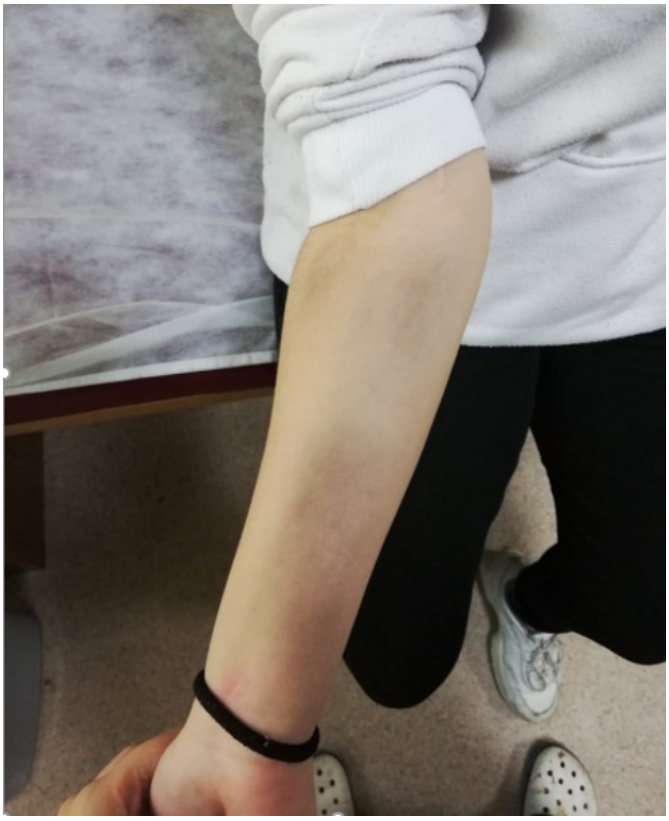

Figure 1. Ecchymosis on the patient's right forearm

Figure 2. Single large-scale ecchymosis on the patient's left upper leg

Figure 3. Ecchymosis on the patient's left leg

Figure 4. Ecchymoses on the patient's left forearm

DISCUSSION

MS is rare and difficult to detect in pediatric patients, and the knowledge on this subject in the literature is limited chiefly to case reports.

There are a few important points to consider to understand whether the situation is a factitious disorder or not. Patients are generally hesitant to communicate their condition with family members, friends, and physicians. Atypical presentation of diseases, repetitive applications in different hospitals, mastery of medical terminology, and accepting all kinds of interventional medical procedures, including surgery, are among the findings raising suspicion for factitious disorders (4). The inconsistencies in the anamnesis reported by our case made it easier for us to diagnose MS. Besides, nobody witnessed the formation of her lesions. Moreover, lesions appeared in the areas where her hands could reach but not on her face and back. The symptoms and her calm behaviors in diagnostic or therapeutic interventions were unusual. We also thought that our patient attempted to imitate leukemia with false ecchymoses. Eventually, we found out that she manufactured the bruises on her own using make-up materials. It was previously reported in the literature that one-third of adult MS patients have hematological symptoms at admission (5). Similarly, in their review, Libow et al. reported seven patients with purpura out of 42 MS patients (6). In another study, hematologic symptoms were found in two-thirds of the pediatric patients with MS (7).

It takes an average of 18.9 months to diagnose factitious disorders in adolescent patients (6). Our patient had a history of applying to more than one health center with similar complaints for three months. Diagnostic tests in different centers resulted in normal findings. Despite discovering that ecchymoses were due to MS at the end of three months, we thought that the beginning of the process might go back further, considering that she had been using medication for dyspeptic-gastric complaints for up to a year. Yet, although the medications were abandoned simultaneously with ecchymoses, peptic complaints were no longer mentioned.

MS can be rather dangerous, particularly among children with a chronic illness or close contact with such people in their immediate environment. In the literature, a 12-year-old diabetic patient who underwent subtotal pancreatectomy due to recurrent episodes of diabetic ketoacidosis admitted after the operation that he did not knowingly take an insulin dose (8). Moreover, the literature hosts case reports about adolescents who self-injected steroids to create Cushing's syndrome, self-injected subcutaneous air to manufacture facial emphysema, and used hydrofluoric acid to create toe

necrosis (6). These dramatic examples in the literature demonstrate that patients can display potentially fatal, self-destructive behaviors. Therefore, the importance of early diagnosis and support is clear to prevent worse outcomes in patients with suspected MS. In addition, the cost of this condition, which is often associated with morbidity and mortality, to the health system is too high to ignore (9). Some other case reports mentioned patients costing healthcare systems hundreds of thousands of dollars (10).

CONCLUSION

MS needs to be considered in differential diagnoses among patients with long-term, inconsistent, and irrational complaints, no underlying causes, and normal laboratory findings. The early diagnosis of this condition seems to be critical to be able to offer an early solution to the underlying problems. Overall, we presented the case to underline that MS is likely to be confronted in pediatric practice.

ETHICAL DECLARATIONS

Informed Consent: All patients signed the free and informed consent form.

Referee Evaluation Process: Externally peer-reviewed.

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